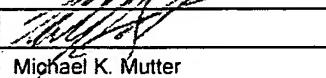


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2009		Application Number	10/736,675-Conf. #4112
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 17, 2003
		First Named Inventor	Akira YODA
		Examiner Name	J. R. Kucab
		Art Unit	3621
TOTAL AMOUNT OF PAYMENT	(\$ 180.00)	Attorney Docket No.	3562-0133P

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							
Fee (\$)							
52 26							
Each independent claim over 3 (including Reissues)							
Fee (\$)							
220 110							
Multiple dependent claims							
Fee (\$)							
390 195							
Total Claims Extra Claims Fee (\$)							
Fee Paid (\$)							
16 - 20 or HP x = _____							
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims Fee (\$)							
Fee Paid (\$)							
3 - 3 or HP x = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							
Fee Paid (\$)							
_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____							
4. OTHER FEE(S)							
Non-English Specification. \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 180.00 Submission of an Information Disclosure Statement 180.00							

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	29,680	Telephone (703) 205-8000
Name (Print/Type)	Michael K. Mutter		Date	June 30, 2009	